Financial License Application

Monday - Friday 8:00 A.M. - 4:30 P.M.

Phone Number: 573-756-1701



Financial license renewals are due on January 1. All licenses are non-transferable. Please check the appropriate classification: New Applicant Renewal Address Change MAKE CHECKS PAYABLE TO: CITY OF FARMINGTON **Business Information:** Business Name: Business Address: Mailing Address (if different): Business Phone: **Contact Information:** Contact Name: _____ Phone Number: ____ Email Address: Can this person be contacted after business hours in the event of an emergency? Yes or No (Circle One) If not, please provide an after hours emergency contact below for Fire and Police records. Contact Name: _____ Phone Number: To the City of Farmington: I, the undersigned, hereby make application for license authorizing my firm to engage in such business in the City of Farmington and agree to pay the license charge as set forth. \$100.00 PLUS \$10.00 FOR EACH ONE MILLION DOLLARS ON DEPOSIT AS OF THE 31ST DAY OF DECEMBER OF THE PRECEDING YEAR. I, being duly sworn, do state upon my oath that I am the located at _______, Farmington, Missouri, and that the deposits as of the 31st day of December of the preceding year were \$ Signature of Applicant: Date: WISA MASIGICATE DISCOVER AMERICAN ACCEPTED IN PERSON ONLY Submit application, required documents & payment to: City of Farmington FOR OFFICE USE: Attn: City Collector Paid \$ _____ Check # ____ Cash 110 W Columbia Street Farmington, MO 63640 Credit Card - Convenience Fee of \$ _____ Received on: Receipt #: _____ City Hall Business Hours:

Received by:

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